

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10 / 503634**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				(1)		
2				(1)		
3				(1)		
4				(1)		
5				(1)		
6				(1)		
7				(1)		
8				(1)		
9				(1)		
10				(1)		
11				(1)		
12				(1)		
13				(1)		
14				(1)		
15			1			
16				1		
17				2		
18				(1)		
19				(1)		
20				(1)		
21				(1)		
22				(1)		
23			1			
24				(1)		
25				(1)		
26				(1)		
27				(1)		
28				(1)		
29				(1)		
30				(1)		
31				(1)		
32			1			
33			1			
34			1			
35				1		
36				(1)		
37				(1)		
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42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	53	←		←
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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77						
78						
79						
80						
81	1					
82		1				
83		1				
84		2				
85		1				
86		1				
87		1				
88		1				
89		1				
90		(1)				
91		(1)				
92		(1)				
93		(1)				
94		(1)				
95		(1)				
96		(1)				
97		(1)				
98		(1)				
99		(1)				
100		(1)				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						